

North Carolina Division of Motor Vehicles

- ☐ Duplicate Certificate of Title and Assignment by Registered Owner
- ☐ Application for Duplicate Certificate of Title and/or Removal of Lien

Title No. _____

VEHICLE DESCRIPTION

Year _____ Make _____ Body Style _____ Series Model _____
Vehicle Identification Number _____ Fuel _____

Name of Registered Owner(s) _____
FIRST NAME MIDDLE NAME LAST NAME
STREET OR R.F.D. CITY STATE ZIP CODE COUNTY
Mailing Address _____
(IF DIFFERENT FROM ABOVE)

LIEN RECORD AS SHOWN ON ORIGINAL TITLE

First Lien _____
DATE LIENHOLDER ADDRESS
Second Lien _____
DATE LIENHOLDER ADDRESS
Third Lien _____
DATE LIENHOLDER ADDRESS

DISCLOSURE SECTION

In 1997, the North Carolina Legislature passed a bill which allows citizens to protect their personal information contained in the records of the Division of Motor Vehicles. The law also indicates that effective July 1, 1998, the information may be disclosed for surveys, marketing or solicitation if the customer has an opportunity to prohibit disclosure.
☐ I (We) would like the personal information contained in this application not to be released.

***CHECK APPLICABLE BLOCK**
☐ Application for Duplicate Certificate of Title as Recorded
☐ Application for Duplicate Certificate of Title and Removal of Lien
If original title was issued subject to a lien and it has been satisfied, lienholder must certify to that effect.
I/we, the registered owner(s) of the above described vehicle, hereby make application for a duplicate certificate of title and certify that the original has been: (Check applicable block) ☐ Lost ☐ Never Received
I understand that upon issuance of the duplicate, the original title becomes void and that I am required to return the original title to the Division of Motor Vehicles immediately should it be found.
Current Odometer Reading _____
Signature(s) of registered owner(s) _____
Date _____ County _____ State _____
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).
Notary Signature _____ Notary Printed or Typed Name _____
(SEAL) My Commission Expires _____

AFFIDAVIT OF FIRST LIENHOLDER

I/we, support the application for a duplicate certificate of title covering the above described vehicle and certify that the original title was:
(CHECK APPLICABLE BLOCK) ☐ Title lost while in my possession; lien has been satisfied
☐ Lost while in my possession ☐ Never Received ☐ Surrendered to _____ upon payment of lien in full.
Lienholder's signature by: _____
Date _____ County _____ State _____
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).
Notary Signature _____ Notary Printed or Typed Name _____
(SEAL) My Commission Expires _____

NOTICE: There is a 15-day mandatory waiting period after an application for duplicate title is received by the Division of Motor Vehicles before a certificate of title can be issued.
*The duplicate title will be issued subject to such liens as were recorded on the last title and mailed to the first lienholder of record, unless lien release is submitted.
The lienholder may apply for a duplicate title, without the signature(s) of the registered owner(s), if the original title was lost while in the lienholder's possession.
When a title, mailed to a lienholder by the Division of Motor Vehicles, is not received, affidavits by the registered owner(s) and lienholder(s) are required in order to obtain a duplicate title.